## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the stantory requirement set forth in IC 5-2-15-3.

Address:	<u>CR 300 W. approx. 1/4 mil</u>
	(S) of CR 250 S.
Scizure Location (c Residence Outbuilding Vehicle	theck all that apply)  [] Hotel/Motel  [] Open—No Structure  [] Other;
<u>, etc)</u>	
Ephedring Retail/Mo Other: <u>les</u> that serve the lo	cation:
Fax: 314- Fax: 765-47 Fax: N/A amine laboratory, co	
	Scizure Location (comparison for the latest serve the location for the loc

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.